

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 JUL 17 A 11:53

The C/OH INSTRUCTION GUIDE explains how to complete this form.

ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Ricardo
Martinez

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

154 Todd St. San Antonio, TX 78214

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Henry
Palacios

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3335 Sockunille San Antonio, TX 78147

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 545-5242

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

5 / 21 / 01

5 - 130 / 01

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

5 / 29 / 01

☐ Primary

☒

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council Dist 4#

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE/ OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM C/OH

COVER SHEET PG 2

CITY OF SAN ANTONIO
CLERK

14 COH NAME

Ricardo A. Martinez

15 ACCOUNT # (Ethics Commission filers)

828/86-00

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC☐ additional pages

COMMITTEE NAME

*Onidito?**Ricardo A. Martinez*

COMMITTEE ADDRESS

154 Todd St. San Antonio, Texas 78214

COMMITTEE CAMPAIGN TREASURER NAME

Henry Polanco

COMMITTEE CAMPAIGN TREASURER ADDRESS

*3335 Sackville, San Antonio, Texas 78247*17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2150.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 469.67

4. TOTAL POLITICAL EXPENDITURES

\$ 2128.71

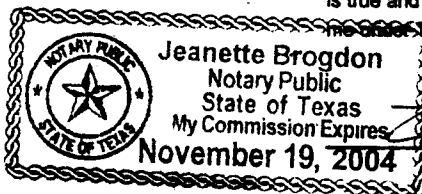
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ricardo Martinez, this the 16th day of July, 20 01, to certify which, witness my hand and seal of office.

Jeanette Brogdon
Signature of officer administering oath

Jeanette Brogdon
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

53

2 FILER NAME

Ricardo C. Martinez

3 ACCOUNT # (Ethics Commission filers)

828186-00

4 Date

5-22-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Disability Analysis

6 Contributor address; City; State; Zip Code

4606 Centerville Rd 221

San Antonio, Texas 78228

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5-24-01

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Marquez

Contributor address; City; State; Zip Code

7202 Camino Green 78227

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-22-01

Full name of contributor

☐ out-of-state PAC (ID#)

Affirmed General Contracting Inc.

Contributor address; City; State; Zip Code

12015 Radium Dr.

San Antonio, Texas 78216

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-25-01

Full name of contributor

☐ out-of-state PAC (ID#)

David Martinez

Contributor address; City; State; Zip Code

250 Riverside Dr. San Antonio, Texas 78214

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-24-01

Full name of contributor

☐ out-of-state PAC (ID#)

Soren Karmoth

Contributor address; City; State; Zip Code

1107 Warzback San Antonio, Texas 78230

Amount of contribution (\$)

\$400.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1

2 FILER NAME

Ricardo A. Martinez

3 ACCOUNT # (Ethics Commission filers)

828186-00

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 17

1 Total pages Schedule E:

A 11:53

2 FILER NAME

Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers)

828186-00

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

NONE

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

NONE

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

53

2 FILER NAME

Ricardo A. Martinez

3 ACCOUNT # (Ethics Commission filers)

828186-00

4 Date

5-22-01

5 Payee name

Edizondos Print Shop

6 Payee address; City; State; Zip Code

4418 S. Pasa St. San Antonio, Texas 78223

7 Amount (\$)

91219

8 Purpose of payment (See instructions regarding type of information required.)

*Literature*9 ☒ Complete if direct expenditure to benefit C/OH **☒ Candidate / Officeholder name

Office sought

Office held

Date

5-22-01

Payee name

De L. Election Services

Payee address; City; State; Zip Code

San Antonio, Texas

Amount (\$)

1342.23

Purpose of payment (See instructions regarding type of information required.)

Mail out☒ Complete if direct expenditure to benefit C/OH **☒ Candidate / Officeholder name

Office sought

Office held

Date

5-25-01

Payee name

Munguia Printing

Payee address; City; State; Zip Code

*2201 Buena Vista St.
San Antonio, Texas 78207*

Amount (\$)

*28300
2305.29*

Purpose of payment (See instructions regarding type of information required.)

☐ Complete if direct expenditure to benefit C/OH **☐ Candidate / Officeholder name

Office sought

Office held

Date

5-25-01

Payee name

Mrs. Gracia Lopez

Payee address; City; State; Zip Code

Amount (\$)

469.67

Purpose of payment (See instructions regarding type of information required.)

☐ Complete if direct expenditure to benefit C/OH **☐ Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:	
2 FILER NAME <i>Ricardo Martinez</i>		3 ACCOUNT # (Ethics Commission filers) <i>828/86-00</i>	
4 Date <i>None</i>	5 Business name		7 Amount (\$)
6 Business address; City; State; Zip Code			
8 Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>None</i>	Business name		Amount (\$)
Business address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>None</i>	Business name		Amount (\$)
Business address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>None</i>	Business name		Amount (\$)
Business address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>None</i>	Business name		Amount (\$)
Business address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME*Ricardo O. Martinez***3** ACCOUNT # (Ethics Commission filers)*878186-00***4** Date*none***5** Payor name**6** Payor address; City; State; Zip Code**7** Reason for credit**8** Amount (\$)

Date

none

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

none

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

none

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

none

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

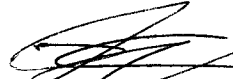
2001 JUL 17 A 11

2 ACCOUNT # (Ethics Commission filers)

828186-00

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER** Complete A & B below *only* if you are a candidate ****A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☒

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER** Complete this section *only* if you are an officeholder **☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

828 186

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX

Ricardo 9
Martinez

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

154 Todd St
San Antonio TX 78214

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX

Henry
Palacios III

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3335 Sackville
San Antonio TX 78217

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

()

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☒ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
4/26/01 05/19/01

10 ELECTION

ELECTION DATE
Month Day Year

05/29/01

ELECTION TYPE

☐ Primary ☒ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

None

12 OFFICE SOUGHT (if known)

City Council Dist 4

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
MAY 21 P 4:20



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. •

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3600

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 4400
~~3600~~EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4839.60

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2614.00

19 AFFIDAVIT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 MAY 21 P 4: 20

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

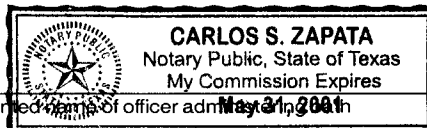
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICARDO MARTINEZ, this the 21st day of MAY, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers)

828186

4 Date

5-6-01

5 Full name of contributor

☐ out-of-state PAC (ID#:

Daniel Martinez

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

3

2 FILER NAME

Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers)

828186

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

5-12-04

6 Full name of pledgor

Gilbert Lyons

☐ out-of-state PAC (ID#:

7 Pledgor address;

City; State; Zip Code

928 Quanta Ave

SA TX 78210

8 Amount of
pledge (\$)

150

9 In-kind description
(if applicable)

10 Principal occupation (optional)

11 Employer (optional)

Date

5-12-04

Full name of pledgor

Alfred Rios

☐ out-of-state PAC (ID#:

Pledgor address;

City; State; Zip Code

A Hume, At Law

Amount of
pledge (\$)

200

In-kind description
(if applicable)

Principal occupation (optional)

Employer (optional)

Date

5-12-04

Full name of pledgor

Laddie Montoya

☐ out-of-state PAC (ID#:

Pledgor address;

City; State; Zip Code

1405 S Flores

SA TX 78204

Amount of
pledge (\$)

50

In-kind description
(if applicable)

Principal occupation (optional)

Employer (optional)

Date

5-14-04

Full name of pledgor

Ricky Reese

☐ out-of-state PAC (ID#:

Pledgor address;

City; State; Zip Code

434 - 5th Ave Suite 203

SA TX 78204

Amount of
pledge (\$)

50

In-kind description
(if applicable)

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address;

City; State; Zip Code

Amount of
pledge (\$)In-kind description
(if applicable)

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
MAY 21 2 44 PM '04

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

3

2 FILER NAME

Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers)

828186

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

200

MAY 21 P 4:20

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

5 Date

5-10-01

6 Full name of pledgor

☐ out-of-state PAC (ID#:

Daniel Martinez

7 Pledgor address; City; State; Zip Code

11526 Whisper Mass

San Antonio TX 78230

8 Amount of pledge (\$)

1,800

9 In-kind description (if applicable)

10 Principal occupation (optional)

11 Employer (optional)

Date

5-17-01

Full name of pledgor

☐ out-of-state PAC (ID#:

Daniel Martinez

Pledgor address; City; State; Zip Code

250 River Dr

San Antonio TX 78214

Amount of pledge (\$)

400

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

5-16-01

Full name of pledgor

☐ out-of-state PAC (ID#:

S. L. Mendoza

Pledgor address; City; State; Zip Code

601 E Harbor

San Antonio TX 78214

Amount of pledge (\$)

200

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1: <div style="text-align: center; font-size: 1.5em;">3</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Ricardo Martinez</div>		3 ACCOUNT # (Ethics Commission filers) <div style="font-size: 1.2em; font-family: cursive;">828186</div>	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date <div style="font-size: 1.2em; font-family: cursive;">5-14-01</div>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em; font-family: cursive;">San Antonio Board of</div>	8 Amount of pledge (\$) <div style="font-size: 1.2em; font-family: cursive;">\$750</div>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">9110 IH 10 W San Antonio Tx</div>			
10 Principal occupation (optional)		11 Employer (optional)	
Date <div style="font-size: 1.2em; font-family: cursive;">5-15-01</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em; font-family: cursive;">R. Dale Cowen</div>	Amount of pledge (\$) <div style="font-size: 1.2em; font-family: cursive;">300</div>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">4606 Centerville SATX 78278</div>			
Principal occupation (optional)		Employer (optional)	
Date <div style="font-size: 1.2em; font-family: cursive;">5-18-01</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em; font-family: cursive;">R. Vera Sanchez</div>	Amount of pledge (\$) <div style="font-size: 1.2em; font-family: cursive;">100</div>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">5410 SW Military Pk SAN Antonio TX 78242</div>			
Principal occupation (optional)		Employer (optional)	
Date <div style="font-size: 1.2em; font-family: cursive;">5-17-01</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em; font-family: cursive;">Roland Salazar</div>	Amount of pledge (\$) <div style="font-size: 1.2em; font-family: cursive;">400</div>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">P.O Box 830573 SATX 78283</div>			
Principal occupation (optional)		Employer (optional)	
Date <div style="font-size: 1.2em; font-family: cursive;">5-17-01</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em; font-family: cursive;">Affirmal Ground Contracting, Inc.</div>	Amount of pledge (\$) <div style="font-size: 1.2em; font-family: cursive;">1000</div>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">12015 Red Lion Dr SAN Antonio TX 78216</div>			
Principal occupation (optional)		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.


 RECEIVED
 CITY OF SAN ANTONIO
 MAY 21 P 4:20

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>Ricardo Martinez</i>		3 ACCOUNT # (Ethics Commission filers) <i>828 186</i>	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$ <i>1500</i>
5 Date of loan <i>5-6-01</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Martinez</i>		9 Loan Amount (\$) <i>1500</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>11526 Whisper Moss SA TX 78230</i>		10 Interest rate <i>5%</i>
			11 Maturity date <i>12-01</i>
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		14 Name of guarantor 15 Guarantor address; City; State; Zip Code	
16 Amount Guaranteed (\$)			
17 Principal Occupation		18 Employer	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation	Employer	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers)

828186.00

4 Date

5-17-01

5 Payee name

D L Electronic

6 Payee address; City; State; Zip Code

222 Cayo SA TX 78211

7 Amount (\$)

431.00

8 Purpose of payment (See instructions regarding type of information required.)

Mail out

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5-2-01

Payee name

D L Electronic

Payee address; City; State; Zip Code

222 Cayo SA TX 78211

Amount (\$)

1,120.00

Purpose of payment (See instructions regarding type of information required.)

Mail out

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5-19-01

Payee name

D L Electronic

Payee address; City; State; Zip Code

222 Cayo SATX 78211

Amount (\$)

1,244.00

Purpose of payment (See instructions regarding type of information required.)

Mail out

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5-17-01

Payee name

Flying Times

Payee address; City; State; Zip Code

P.O Box 5100 SA TX 78201

Amount (\$)

153.00

Purpose of payment (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers)

828 105

4 Date

4-29-07

5 Payee name

Manuel Portales

6 Payee address; City; State; Zip Code

SA TX

7 Amount (\$)

490

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Ricardo Martinez</i>		3 ACCOUNT # (Ethics Commission filers) <i>828186</i>
4 Date <i>5-17-9</i>	5 Payee name <i>El Zondos Print Shop</i> 6 Payee address; City; State; Zip Code <i>4418 So. Presa SA TX 78223</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Mail out</i>	8 Amount (\$) <i>122.19</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>5-17-01</i>	Payee name <i>South side Reporter</i> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <i>Political Ad</i>	Amount (\$) <i>197.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>5-12-01</i>	Payee name <i>Mungui Printers</i> Payee address; City; State; Zip Code <i>2201 Buena Vista SA TX 78207</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Mail out</i>	Amount (\$) <i>490.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>5-16-01</i>	Payee name <i>Mungui Printers</i> Payee address; City; State; Zip Code <i>2201 Buena Vista SA TX 78207</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Mail out</i>	Amount (\$) <i>305.03</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 MAY 22
4:20



PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
MAY 21 P 4:20

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
MAY 21 P 4:21

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
MAY 21 P 4 21

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME
2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 MAY 21 P 4: 21

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☒ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Ricardo G. Martinez</u>		15 ACCOUNT # (Ethics Commission files) <u>828 196-00</u>											
16 NOTICE FROM POLITICAL COMMITTEE(S) <div style="border: 1px solid black; padding: 2px; transform: rotate(-90deg); transform-origin: left top; position: absolute; left: -40px; top: 50px; font-size: 8px;"> RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR 30 2:41 PM </div> <div style="margin-top: 20px;"> <input type="checkbox"/> additional pages </div>		<p><small>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"> COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME <u>Committee to Elect Ricardo Martinez</u> COMMITTEE ADDRESS <u>115 E. Sage San Antonio, Texas 78214</u> COMMITTEE CAMPAIGN TREASURER NAME <u>Henny Polanco</u> COMMITTEE CAMPAIGN TREASURER ADDRESS <u>3335 Sackville San Antonio, Texas 78247</u> </td> </tr> </table>		COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>Committee to Elect Ricardo Martinez</u> COMMITTEE ADDRESS <u>115 E. Sage San Antonio, Texas 78214</u> COMMITTEE CAMPAIGN TREASURER NAME <u>Henny Polanco</u> COMMITTEE CAMPAIGN TREASURER ADDRESS <u>3335 Sackville San Antonio, Texas 78247</u>								
COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>Committee to Elect Ricardo Martinez</u> COMMITTEE ADDRESS <u>115 E. Sage San Antonio, Texas 78214</u> COMMITTEE CAMPAIGN TREASURER NAME <u>Henny Polanco</u> COMMITTEE CAMPAIGN TREASURER ADDRESS <u>3335 Sackville San Antonio, Texas 78247</u>												
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)													
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width: 30%; padding: 5px; text-align: right;">\$ <u>4450.00</u></td> </tr> <tr> <td style="padding: 5px;">2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="padding: 5px; text-align: right;">\$ <u>4450.00</u></td> </tr> <tr> <td style="padding: 5px;">3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</td> <td style="padding: 5px; text-align: right;">\$ <u>31.00</u></td> </tr> <tr> <td style="padding: 5px;">4. TOTAL POLITICAL EXPENDITURES</td> <td style="padding: 5px; text-align: right;">\$ <u>4693.80</u></td> </tr> <tr> <td style="padding: 5px;">5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="padding: 5px; text-align: right;">\$ <u>5,200.00</u></td> </tr> </table>		1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>4450.00</u>	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4450.00</u>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>31.00</u>	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4693.80</u>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,200.00</u>
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>4450.00</u>												
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4450.00</u>												
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>31.00</u>												
4. TOTAL POLITICAL EXPENDITURES	\$ <u>4693.80</u>												
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,200.00</u>												
19 AFFIDAVIT <p style="text-align: center;">I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="text-align: center; margin-top: 20px;"> Signature of Candidate or Officeholder </div> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Ricardo G. Martinez</u>, this the <u>30th</u> day of <u>April</u>, 20 <u>01</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 30%;"> Signature of officer administering oath </div> <div style="width: 30%; text-align: center;"> CARLOS S. ZAPATA Notary Public, State of Texas My Commission Expires <u>May 31, 2001</u> </div> <div style="width: 30%;"> Printed name of officer administering oath _____ Title of officer administering oath _____ </div> </div>													

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1	
2 FILER NAME <i>Ricardo A. Martinez</i>		3 ACCOUNT # (Ethics Commission filers) 82818600	
4 Date 4-17-01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>San Antonio, Board of Realtors</i> 6 Contributor address; City; State; Zip Code <i>9110 E-Hill W. San Antonio, Texas 78230</i>	7 Amount of contribution (\$) \$750.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) <i>Real Estate</i>		10 Employer (Optional)	
Date 4-18-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Irma Rodriguez</i> Contributor address; City; State; Zip Code <i>627 W. Vista San Antonio, Texas 78211</i>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) <i>Retired</i>		Employer (Optional)	
Date 4-18-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Julien Mendoza</i> Contributor address; City; State; Zip Code <i>601 E. Houston San Antonio, Texas 78214</i>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) <i>Lawyer</i>		Employer (Optional) <i>CPA</i>	
Date 4-20-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gilberto Rodriguez</i> Contributor address; City; State; Zip Code <i>710 W. Mission San Antonio, Texas 78207</i>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) <i>Counselor</i>		Employer (Optional)	
Date 4-10-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mr. Juan Ybarra</i> Contributor address; City; State; Zip Code <i>San Antonio, Texas</i>	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional) <i>Retired</i>		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Ricardo V. Martinez

3 ACCOUNT # (Ethics Commission filers)

828186-00

4 Date

4-10-01

5 Payee name

Romiro Ramos

6 Payee address; City; State; Zip Code

8807 Oakhoke San Antonio, Texas 78221

7 Amount (\$)

240.00

8 Purpose of payment (See instructions regarding type of information required.)

T. Sherto

9 ☒ Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

4-16-01

Payee name

Raddy Advertising

Payee address; City; State; Zip Code

1043 Leahy San Antonio, Texas 78211

Amount (\$)

600.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

4-18-01

Payee name

Harold Crocco Advertising

Payee address; City; State; Zip Code

Somerset Texas

Amount (\$)

1,300.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages Schedule F:

2001 APR 30 4:17

2. FILER NAME

Ricardo Martinez

3. ACCOUNT # (Ethics Commission filers)

828186-00

4. Date

4-20-01

5. Payee name

D.L. Electronics

6. Payee address;

City, State, Zip Code

San Antonio, Texas

7. Amount (\$)

1,124.00

8. Purpose of payment (See instructions regarding type of information required.)

*Mail out*9. ☒ Complete if direct expenditure to benefit C/OH --☒ Candidate / Officeholder name☐ Office sought☐ Office held

Date

4-20-01

Payee name

Southside Reporter

Payee address;

City, State, Zip Code

2203 S. Hackberry San Antonio TX 78210

Amount (\$)

187.20

Purpose of payment (See instructions regarding type of information required.)

Political Ad.☒ Complete if direct expenditure to benefit C/OH --☒ Candidate / Officeholder name☐ Office sought☐ Office held

Date

4-14

Payee name

McCoy, Zeebby

Payee address;

City, State, Zip Code

8212 S. River Rd San Antonio, Texas 78223

Amount (\$)

31.00

Purpose of payment (See instructions regarding type of information required.)

Wood Stakes☒ Complete if direct expenditure to benefit C/OH --☒ Candidate / Officeholder name☐ Office sought☐ Office held

Date

4-21

Payee name

Hemo Dept

Payee address;

City, State, Zip Code

328 Fair San Antonio Texas 78223

Amount (\$)

60.00

Purpose of payment (See instructions regarding type of information required.)

Wood Stakes☒ Complete if direct expenditure to benefit C/OH --☒ Candidate / Officeholder name☐ Office sought☐ Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The instruction GUIDE explains how to complete this form.

2001 APR 30 P 4:11

1 Total pages Schedule F:

3

2 FILER NAME

Ricardo Martinez

3 ACCOUNT # (Ethics Commission files)

828186-00

4 Date

4-11-01

5 Payee name

Elizondo Print Shop

6 Payee address; City; State; Zip Code

4418 S. Alamo St. San Antonio, Texas 78223

7 Amount (\$)

~~250.00~~
404.53

8 Purpose of payment (See instructions regarding type of information required.)

Mail out

9 ☒ Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

4-15-01

Payee name

Elizondo Print Shop

Payee address; City; State; Zip Code

4418 S. Alamo St. San Antonio, Texas 78223

Amount (\$)

177.00

Purpose of payment (See instructions regarding type of information required.)

Candidate Literature

9 ☒ Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

4-16-01

Payee name

Elizondo Print Shop

Payee address; City; State; Zip Code

4418 S. Alamo St. San Antonio, Texas 78223

Amount (\$)

112.19

Purpose of payment (See instructions regarding type of information required.)

Candidate Literature

9 ☒ Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

4-13-01

Payee name

D.L. Election Services

Payee address; City; State; Zip Code

San Antonio, Texas

Amount (\$)

mailed
488.88

Purpose of payment (See instructions regarding type of information required.)

Mail out

9 ☒ Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 APR 30 P 4:17

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers)

878186-00

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

4-10-01

7 Name of lender

Ray Valdez

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

1,200.00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

1430 Somo St San Antonio, Texas 78714

10 Interest rate

5%

11 Maturity date

12-01

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

4-15-01

Name of lender

Ricardo Martinez

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

2,000.00

Is lender a financial institution?

(Y)

N

Lender address; City; State; Zip Code

11526 Whisper Moss San Antonio, Texas 78230

Interest rate

5%

Maturity date

12-01

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages 3 Schedule I:

2001 APR 30

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
7/1/01	7 Purpose of expenditure (See instructions regarding type of information required.)	
7/1/01	7 Purpose of expenditure (See instructions regarding type of information required.)	
7/1/01	7 Purpose of expenditure (See instructions regarding type of information required.)	
7/1/01	7 Purpose of expenditure (See instructions regarding type of information required.)	
7/1/01	7 Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report"

2001 APR 30 P 4:18

1 C/OH NAME

Ricardo Rodriguez

2 ACCOUNT # (Ethics Commission filers)

828181-00

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

** Complete A & B below only if you are a candidate **

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate**5 OFFICEHOLDER**

** Complete this section only if you are an officeholder **



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.


Signature of Officeholder